

DEPARTMENT OF INDUSTRIAL RELATIONS  
INDUSTRIAL MEDICAL COUNCIL395 Oyster Point Blvd., Ste. 102  
South San Francisco, CA 94080  
Tel. No.: (650) 737-2700 or 1 (800) 794-6900 Fax No.: (650) 737-2711

## ADDRESS REPLY TO:

P. O. Box 8888  
San Francisco, CA 94128-8888**IMPORTANT: RETURN TO THE IMC WITHIN 15 DAYS.**

Date: \_\_\_\_\_

TO: \_\_\_\_\_

EMPLOYEE'S NAME \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Claim Number: \_\_\_\_\_ Panel Number: \_\_\_\_\_

**TIME EXTENSION APPROVAL**

Your QME/AME doctor has asked for an extension of the time in which he/she is required to complete your medical evaluation. We are allowing the doctor extra time to do so. If you are unrepresented and the report is not completed by \_\_\_\_\_, you may either:

- (1) accept the report when it is completed or
- (2) ask for a replacement panel and repeat the QME process

You are required to make a decision, check, sign and return this form using the postage prepaid return envelope within 15 days.

☐ check here if you give up your right to a new QME panel at this time. You have up to the date the QME serves the report to call and request a new panel.

☐ check here if you wish to have a new QME panel sent if the report is not completed by the above date.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are represented, please consult your attorney.

If you have any questions, please call (650) 737-2700/800-794-6900 or write to:

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